

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41751

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4410		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo 1811			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) C			
3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) H.		c. (Last) Stovall	
4. DATE OF DEATH		(Month) 12		(Day) 29		(Year) 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-2-1888		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tourist Court Oper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mayfield Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gus Stovall		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Ball		14. NAME OF HUSBAND OR WIFE Pearl Stovall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Pearl Stovall ADDRESS St. James, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Paralysis DUE TO (c) Cerebral Abscess II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH     934X	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION No		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? No			
22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 29, 1950, that I last saw the deceased alive on Dec 29, 1950, and that death occurred at 9:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE E. A. Seaton (Degree or title)				23b. ADDRESS St. James Mo		23c. DATE SIGNED Dec 30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-1-51		24c. NAME OF CEMETERY OR CHURCH St. Trinity Lutheran		24d. LOCATION (City, town, or county) St. Louis, Co., Mo.	
DATE REC'D BY LOCAL REG. Dec. 31, 1950		REGISTRAR'S SIGNATURE Cora E. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Baker		ADDRESS St. James Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2001 OCT 30 10 02

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RECEIVED

Phelps County Health Officer,

County File Number

Date Filed 1/2/51

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Jesse Gahr*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.